## Best Available Copy

Effective October 1, 2000 09 690, 692												
CLAIMS AS FILED - PART I SMALL ENTITY (Column 1) (Column 2) TYPE											OTHER	
TOTAL CLAIMS			30				RA	TE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			3-0 minus 20=		.16		X\$	9=	90.00	OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 =		•		X4	X40=		OR	X80=	
M	JLTIPLE DEPEN	DENT CLAIM P	RESENT				1	+135=		1		
* If the difference in column 1 is less than zero, enter "0" in colum						olumn 2		_	2.02	OR	+270=	
CLAIMS AS AMENDED - PART II								ΆL	4450	OR	TOTAL	
		(Column 1)	***********	(Colur		(Column 3)	SMA	\LL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT	-	HIGH NUMI PREVIO PAID	EST BER DUSLY	PRESENT EXTRA	RAT	Æ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	. 22	Minus	-36	)	= 0	X\$ :	9=		OR	X\$18=	
AME	Independent	<u> </u>	Minus ,			- 0	X40	)=		OR	X80=	
L	FIRST PRESE	NTATION OF MI	ULTIPLE DE	PENDENT	CLAIM		+13	<b>5</b>		OR	+270=	
						•		TAL		1	TOTAL	
		(Column 1)		(Colur	nn 3)	(Column 3)	ADDIT.	FEE		JOR .	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER BUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Ş Q	Total	•	Minus	••			X\$ 9	)=	TEE	OR	X\$18=	FEE
	Independent	• • • • • • • • • • • • • • • • • • • •	Minus	***		=	X40			OR	X80=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								•		.070	
								i≃ TAL		OR	+270=	
- ·								FEE		OR	ADDIT. FEE	
	(Column 1) (Column 2) CLAIMS HIGHEST					(Column 3)						
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID I	USLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• • • • •	Minus	••		=	X\$ 9	=		OR	X\$18=	
	Independent	ATTATION OF THE	Minus	***	<b>61</b> 644 5	-	X40	.		OR	X80=	
ـــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135	_		OR	+270=	
	" If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20,"									OR	TOTAL	
•••	If the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Pai	aid For IN THI	S SPACE IS	less tha	n 3, enter "3."	ADDIT. F		ropriate box	,	ADDIT. FEE. umn 1.	

Application or Docket Number